This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 0958-1327

Total Fee Calculation

		Fee Code	Total # Claims	Number Extra	<u>x</u>	Fcc	Fee		Total
κ.	•	Sm./Lg.				Sm. Entity	Lg. Entity		200
В	sic Filing Fee	201/101	00	10		343	<u>(40)</u>		138
To	otal Claims >20	203/103	-20 =	600	x	70	18	=	$\frac{300}{200}$
In	dependent Claims >3	202/102	10 -3 =	7	x	34	18	=	<u> 13</u>
M	ult. Dep Claim Present	204/104				130	2-60	=	
Su	rcharge	205/105		<u>.</u> .		65	<u>130</u>	= ·	65
Er	glish Translation	_139				·			
	ees due upon filing t				·				1241
, Te	otal Filing Fees Due	= \$	1241			·			
Le	ess Filing Fees Subn	nitted -\$	Φ			44			
В	ALANCE DUE	= \$	120	11					
	ffice of Initial Paten	t Examination	·						

FORM OIPE-RAM-01 (Rev. 12/97)